
Innovation and Transformation of a Regional Allied Health Ecosystem

Initiative Type

Model of Care

Status

Deliver

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Summary

When Central Queensland Hospital and Health Services (CQHHS) Allied Health Service asked ourselves what critical actions needed to be taken to achieve Great Care for Central Queenslanders,

we realised that small incremental changes in only one part of a patient's journey would not be enough. We needed to transform and optimise broadly, within our immediate sphere of control. In CQHHS, we did just that through a commitment to the delivery of the CQHHS Allied Health Integrated Model of Care Framework. From 2022-23, we implemented seven-day and rapid response allied health service models focused on hospital avoidance and early supported community transition. We aimed to realise a value-based shift away from traditional acute-focused services toward out of hospital care. This was achieved through mobilisation and optimisation of existing resources, based on the hypothesis that a whole of system approach would create efficiencies, resulting in enhanced patient access, experience and outcomes, at no additional cost to the health service. We achieved improved capacity to meet allied health service demands within existing resource allocation i.e. we delivered a lot more activity and saw more patients in the right place at the right time, with no more resources. We realised our goal for a valued-based activity shift from inpatient to out of hospital care. We saw an increase in satisfaction with the quality of allied health services we delivered, as well as enhanced workforce confidence and capability in telehealth care, AHA delegation and speech pathology acute care.

Key dates

Sep 2021

Jun 2023

Implementation sites

Central Queensland HHS

Partnerships

Office of The Chief Allied Health Officer

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Aim

Our project aimed to establish and implement the CQHHS Allied Health Integrated Model of Care Framework to achieve Great Care, Great Experience for CQHHS patients and a Great Place to work for the CQHHS allied health workforce. Our approach to achieving this was to focus on the implementation of 7-day allied health service models as well as realising a value-based shift away from traditional acute-focused services toward out of hospital care. This was to be achieved through mobilisation and reallocation of existing resources, based on the hypothesis that a whole of system model of care redesign would result in enhanced patient access, experience and outcomes, at no additional cost to the health service. We had five key objectives:

1. design, embed and sustain innovative allied health care delivery models to enhance patient outcomes and experience
2. standardise and optimise patient access and flow across allied health work units to achieve enhanced care coordination, continuity, and efficiency
3. promote and support workforce engagement in clinical redesign processes to cultivate an outcome driven workforce culture
4. optimise system and service efficiencies through leveraging the benefits of technology and data analytics to improve allied health service access and embed value-based healthcare principles.
5. translate research into clinical practice through data informed evaluation.

Benefits

- Improved Allied Health capacity to deliver much more activity.
- High quality and personalised care, delivered in the right place at the right time.

Background

Rural Allied Health Services needed to transform to meet current and future needs of patients.

Evaluation and Results

A mixed-method approach of evaluation was applied, embedded within the Metro North Health Evaluation Framework was utilised to evaluate the implementation of the hands rapid access service. Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) were collected via a consumer survey (paper or online based on consumer preference) and using the EQ-5D-5L health-related quality of measure completed pre and post treatment. Clinicians who refer to the service were invited to share their perceptions of the service via an online survey. Finally, a cost effectiveness analysis was conducted to quantify the economic impact of the service.

Results Effective procedures and clinical governance were evidenced by successful end-to-end service provision to 486 patients to date with no clinical incidents or complaints. Service reach and target group identification was achieved, with activity exceeding initial expectations by 162% with 32.4 referrals per month fast tracked from ED versus 20 expected. Fifty percent secondary setting avoidance rate was achieved, with fifty percent of eligible fractures successfully diverted from fracture clinic using the full scope pathway. Preliminary analysis of 11 months of complete data demonstrated improved NEAT targets for this patient cohort, 94.5% of patients admitted to ED during Hand Rapid Access Service hours met NEAT targets (<240minutes). Average ED length of stay was reduced by 53 minutes for hands rapid access patients seen during service hours and by 38 minutes across all service hours when compared to hand related diagnoses prior to service implementation. Preliminary cost modelling based on the 38-minute average time saving per patient and total time saving of 227.37 hours over 11 months yielded a total saving of \$110,087.42 in costed Emergency Department service hours (estimates from National Emergency Care Data). Reduced length of stay cost savings yielded a 97.69% return on investment in 11 months, or a total health service pay-back of invested model costs within less than six months. Patient-reported outcomes based on pre/post treatment health-related quality of life measures (n=120) demonstrated statistically significant improvements ($p < 0.001$) in five of the six domains of the EQ-5D-5L including self-care, usual activities, pain and discomfort, anxiety and depression and general health. Initial analysis on 130 completed consumer surveys showed overwhelming positive patient experience with 100% reported good or very good experience and would recommend the service. Qualitative responses highlighted the importance of local, timely access to specialist services and compassionately delivered care. Ten ED clinicians completed the stakeholder survey with 100% recommending the continuation of the hands rapid access service, agreeing that patients were rapidly retrieved from emergency; the service positively impacts the patient experience, efficiency, and quality of care; and the service has improved access to specialist advice and treatment of in-scope hand injuries.